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DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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QUESTION. "The graduate nurses here feel that the Visiting Nurse is making calls on families able to pay graduate nursing service. I have been in several homes of quite comfortable circumstances, but care was needed so irregularly that the families did not think it necessary, nor did it prove to be necessary to have a full time graduate nurse on duty. When our work was started, the organization agreed to make calls to all classes, poor, middle, and rich, charging in proportion. What would you advise me to do about it?"

ANSWER. "If you will write directly to The Visiting Nurse Associations of Hartford, Conn.; Providence, R. I.; Cleveland, Ohio; Richmond, Va.; the superintendents will be able to give you some working opinions on this subject. My personal opinion is that the visiting nurse should go into any home that needs her, rich or poor, but that her poor patients should come first, and that those patients able, with or without a special effort, to employ an hourly nurse or a graduate nurse, should only receive attention from the visiting nurse when free cases do not require her. When such patients receive the nurse's services, they should pay from 75¢ to \$1.00 a visit for them. This should depend upon the need and upon their circumstances. They should, of course, pay for all materials used. By that I mean gauze, bandages, special prescriptions, zinc ointment, etc., not for the few drops of disinfectant which you may put in your hand solution. It is rather a pity to mark the nurse out as a charity nurse, because then people who really need her sorely, but cannot, for the time being, pay for her services, will refuse to have her. I do not think that the objections of graduate nurses should be allowed to have any weight. If you have a well-organized scheme of hourly nursing in ———, it is rather unwise for you to try to compete with it, for you won't have time to do so regularly without neglecting your free cases or your poorer families, and you will thus irritate both classes of patients. On the other hand, if you have no hourly nursing and a well-to-do family does not want to have the bother of a twenty-four-hour graduate nurse on the case when the treatment, for the most part, consists of a dressing that can

take less than an hour, or a treatment that won't take more than two at most, I see no reason why this family should not have the benefit of your service, paying the full value for it. Nurses are professional people; we keep neither closed nor open shop. Private duty nurses will have to make themselves indispensable and then there won't be any danger of competition from the visiting nurses. I believe that some day there will be, in every large and small city, public health nursing service that will give care to all kinds and conditions of homes, and that the free homes and the pay homes will be known only to the nurse and her association. This will come, probably, just as quickly under voluntary organization as it may come later under social insurance. It is coming, nevertheless, and we must be prepared for it. I think you have no right to refuse these patients when you do not neglect your less fortunate patients by giving this time to them."

POST GRADUATE WORK. Two more state universities are offering courses in public health nursing. The Department of Public Health and Sanitation of the College of Medicine, Ohio State University, is offering an excellent course opening for the first time this fall. This course covers one year of academic work and grants a certificate at the end. It includes affiliation and practice work with local health and relief agencies as well as class work in public health administration, preventive medicine, medical social work, written English, public health nursing and public health problems. The university is situated in Columbus, Ohio, and nurses taking this course will have an opportunity to see something of one of the best pieces of state health organization in this country.

The other course is being offered for this summer by the University of Wisconsin Extension Department, which is situated in Milwaukee. The course is to cover three months and consists of lectures, conferences, and field work in public health nursing, factory inspection, hospital social service, sanitary science, relief, etc. This course is a tentative one and its second season will undoubtedly depend largely upon the nurses who apply for it now. The first season is to be rather elastic in order to meet the needs of the applicants and to assist the directors to shape a more permanent course.

It is certainly encouraging to have nursing thus recognized by two of our largest state universities. Helena Stewart, supervising nurse for the Ohio State Board of Health, will assist with the course in Ohio; Katherine Olmsted, Johns Hopkins Hospital, and former school nurse in Jacksonville, Ill., is director of the course in Wisconsin.

CONTAGIOUS DISEASE NURSING. Associations whose nurses carry cases of infectious diseases will be interested to know that the Providence

City Hospital has issued, undoubtedly for the use of its own people, a small publication entitled *Ward Rules and Administrative and Nursing Aseptic Technique for Transmissible Diseases*. The directions are so clearly stated and so carefully covered that the pamphlet will be of inestimable assistance to visiting nurses or school nurses caring for such cases in the patients' homes. This Department can not promise that the Providence City Hospital will give these pamphlets away, but anyone fortunate enough to secure one will get a great deal of help from it.

TUBERCULOSIS. The National Association for the Study and Prevention of Tuberculosis has published its fourth National Tuberculosis Directory, the first having been prepared in 1904 for the Tuberculosis Committee of the Charity Organization Society of New York City. A copy of this directory will be invaluable to nurses doing tuberculosis work, for it not only tells where hospitals and sanatoria and open air schools are located throughout the country, but it also gives a digest of state legislative tuberculosis work.

It is interesting to note in the Directory that whereas, in 1904, 200 special agencies dealing with this disease were listed, in 1916 there is a record of 3100 different organizations and institutions engaged to a greater or lesser extent in anti-tuberculosis work. The first edition made no mention of open air schools for pre-tuberculous children; the present edition lists 300 such schools, and this is believed to be a very small total.

This book can be obtained from the National Association and should be within reach of every nurse who has to advise patients in regard to hospital or sanatorium care.